

1.) CORPORATION NAME:

DUE DATE: **12/31/2011**

**THE HERMITAGE FOUNDATION**

SCC ID NO: **00446849**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**VB BUSINESS SERVICES LLC**

**500 WORLD TRADE CENTER**

**NORFOLK, VA 23510**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7637 NORTH SHORE ROAD

CITY/ST/ZIP: NORFOLK, VA 23505-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: K MAXWELL DALE  
TITLE: PRESIDENT  
ADDRESS: 132 WEST BELVEDERE ROAD  
CITY/ST/ZIP/CO: NORFOLK, VA 23505-

☒ OFFICER

☒ DIRECTOR

NAME: JOHN B MEEK, JR  
TITLE: RECENT PAST PRE  
ADDRESS: 7411 CORTLANDT PL  
CITY/ST/ZIP/CO: NORFOLK, VA 23505-

☒ OFFICER

☒ DIRECTOR

NAME: ELIZABETH F MELCHOR  
TITLE: DIRECTOR  
ADDRESS: 1536 CLONCURRY RD  
CITY/ST/ZIP/CO: NORFOLK, VA 23505-

☐ OFFICER

☒ DIRECTOR

NAME: CHRISTINE G NEIKIRK  
TITLE: DIRECTOR  
ADDRESS: 5336 EDGEWATER DR  
CITY/ST/ZIP/CO: NORFOLK, VA 23508-

☐ OFFICER

☒ DIRECTOR

NAME: ELEANOR A LEWIS  
TITLE: DIRECTOR/SEC  
ADDRESS: 891 READING ROAD  
CITY/ST/ZIP/CO: VA BEACH, VA 23451-

☒ OFFICER

☒ DIRECTOR

NAME:	ROBERT E. GARRIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6120 EASTWOOD TERRACE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508-		
NAME:	F. NASH BILISOLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1311 GRAYDON AVENUE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505-		
NAME:	MELANIE LEIGH MATHEWES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Executive Direc		
ADDRESS:	6219 ROLFE AVENUE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508-		
NAME:	BENJAMIN COTTRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1531 BLANFORD CIRCLE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505-		
NAME:	BARBARA HAMM LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3625 MONTGOMERY STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23513-		
NAME:	HENRY U. HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	999 WATERSIDE DRIVE		
CITY/ST/ZIP/CO:	SUITE 800 NORFOLK, VA 23510-		
NAME:	BARBARA B. LAWS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	263 SIR OLIVER ROAD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505-		
NAME:	NANCY MARTIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1536 BLANFORD CIRCLE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505-		
NAME:	JENNIFER MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	407 W. BUTE STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510-		
NAME:	TRISH PFEIFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	935 SHIRLEY AVENUE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23507-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KERRI STOKES DIRECTOR 1701 CLONCURRY ROAD NORFOLK, VA 23505-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM VALONE DIRECTOR 1423 RUNNYMEADE ROAD NORFOLK, VA 23505-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	OLIN WALDEN DIRECTOR 2424 COURTHOUSE DRIVE BLDG. 18A VA BEACH, VA 23456-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY NUSBAUM DIRECTOR 1321 CLONCURRY RD NORFOLK, VA 23505-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAM Q. COMBS DIRECTOR 7800 NORTH SHORE ROAD NORFOLK, VA 23505-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY W. BRANCH DIRECTOR 334 WEST OLNEY ROAD NORFOLK, VA 23507-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ MELANIE LEIGH MATHEWES</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MELANIE LEIGH MATHEWES, <u>Executive Direc</u> PRINTED NAME AND CORPORATE TITLE	<u>12/5/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			